

**COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION DIVISION  
CEMETERY AND FUNERAL HOME SECTION  
P.O. BOX 2000  
FRANKFORT, KY 40602-2000**

**CREMATORY AUTHORITY LICENSE APPLICATION  
FORM CR-5**

1. EVERY CREMATORY OPERATOR AND EVERY PERSON, FIRM, PARTNERSHIP, ASSOCIATION, AND CORPORATION DESIRING TO OPERATE A CREMATORY AUTHORITY SHALL OBTAIN A CREMATORY AUTHORITY LICENSE FROM THE ATTORNEY GENERAL AT LEAST THIRTY (30) DAYS PRIOR TO OPENING FOR THE PURPOSE OF CONDUCTING CREMATIONS. EVERY CREMATORY OPERATOR AND EVERY PERSON, FIRM, PARTNERSHIP, ASSOCIATION, AND CORPORATION SHALL APPLY FOR A CREMATORY AUTHORITY LICENSE FROM THE ATTORNEY GENERAL WITHIN ONE HUNDRED EIGHTY (180) DAYS OF THE EFFECTIVE DATE OF KRS 367.97501 - KRS 367.97537.
2. THIS APPLICATION FORM MUST BE ACCOMPANIED BY A REGISTRATION FEE OF \$100.00 PAYABLE TO THE OFFICE OF ATTORNEY GENERAL. THIS APPLICATION SHOULD BE COMPLETED BY THE PRESIDENT OR OTHER OFFICER OF THE CORPORATION OR THE OWNER OF THE UNINCORPORATED ENTITY THAT OWNS THE CREMATORY AUTHORITY.

**GENERAL INFORMATION**

1. DATE OF APPLICATION: \_\_\_\_\_
2. OWNER'S NAME: \_\_\_\_\_
3. FIRM NAME (If Different): \_\_\_\_\_
4. BUSINESS TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_
5. LOCATION: \_\_\_\_\_  
CITY, COUNTY, STATE & ZIP: \_\_\_\_\_
6. MAILING ADDRESS (If Different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **OWNER INFORMATION**

7. PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE FORM OF ORGANIZATION:

\_\_\_\_ CORPORATION

\_\_\_\_ PARTNERSHIP

\_\_\_\_ INDIVIDUAL

\_\_\_\_ OTHER

8. PROVIDE THE FOLLOWING INFORMATION REGARDING THE OWNERSHIP OF THE COMPANY. ALL PERSONS HAVING AN INTEREST IN THE BUSINESS SHOULD BE LISTED. IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE LIST.

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME\_\_\_\_\_

POSITION\_\_\_\_\_

ADDRESS\_\_\_\_\_

SOCIAL SECURITY NUMBER\_\_\_\_\_

**FINANCIAL INFORMATION**

9. PLEASE PROVIDE THREE FINANCIAL REFERENCES. FINANCIAL INSTITUTIONS OR INDUSTRY SUPPLIERS ARE SUITABLE FINANCIAL REFERENCES. PERSONAL REFERENCES SHOULD NOT BE USED.

(A) NAME\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_

CITY, STATE & ZIP\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

(B) NAME\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_

CITY, STATE & ZIP\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

(C) NAME\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_

CITY, STATE & ZIP\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

10. PLEASE FURNISH THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTION HOLDING THE BUSINESS BANK ACCOUNT.

NAME\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_

CITY, STATE & ZIP\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

11. ARE YOU GOING TO SOLICIT THE SALE OF PRE-NEED FUNERAL CONTRACTS?

\_\_\_\_ YES      \_\_\_\_ NO

(IF YES, AN APPLICATION FOR A PRE-NEED FUNERAL SALES LICENSE MUST BE ATTACHED.)

12. I STATE UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM REQUESTED TO NOTIFY THE ATTORNEY GENERAL IMMEDIATELY OF ANY CHANGE IN THE ABOVE INFORMATION. I REPRESENT THAT I AM NOT INSOLVENT, NOR HAVE I CONDUCTED BUSINESS IN A FRAUDULENT MANNER AND THAT I AM DULY AUTHORIZED TO DO BUSINESS IN THIS STATE. I UNDERSTAND THAT THE LICENSE, IF GRANTED, MAY BE REVOKED IF I VIOLATE ANY LAWS OF KENTUCKY'S CREMATION REGULATION STATUTES, KRS 367.97501 - KRS 367.95737. I STATE THAT I AM AUTHORIZED TO COMPLETE THIS FORM ON BEHALF OF THE APPLICANT CREMATORY AUTHORITY.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NAME OF CREMATORY AUTHORITY

\_\_\_\_\_  
TITLE OR POSITION HELD

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

THE OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION INCLUDING AUXILIARY AIDS AND SERVICES NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.